

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000105818**

1. Entity Name

THE FLAMINGO CREATIVE ENTERPRISES, INC.

Principal Place of Business

**540 W. BREVARD ST.
TALLAHASSEE FL 32301**

Mailing Address

**540 W. BREVARD ST.
TALLAHASSEE FL 32301**

FILED

02 APR 19 PM 2:55



2. Principal Place of Business

3. Mailing Address

540 W. Brevard St**540 W. Brevard St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32301

Country

LEON

Zip

32301

Country

LEON

59-3758933

4. FEI Number

59-3758933**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROSPER, LEON
2241 W. PENSACOLA
TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PROSPER, LEON	
STREET ADDRESS	2241 W. PENSACOLA ST. #29	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

TITLE	000005449590-18	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-05/03/02--01044--004	
STREET ADDRESS	****150.00	
CITY-ST-ZIP	****150.00	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ANDERSON, OSIEFIELD	
STREET ADDRESS	3839 SHAMROCK W.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #